

Facing Disparities in Primary Care Systems Work

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Objectives



Cancer Burden and Disparities

Cancer Prevention and Screening

ACS Primary Care Systems Work

Improve Cancer Outcomes

Success Stories

Cancer Burden and Disparities

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Health Disparities

The Department of Health and Human Services defines health disparities as differences in health outcomes that are closely linked with social, economic, and environmental disadvantage and are often driven by the social conditions in which individuals live, learn, work, and play.



Community Health Centers

Leaders in Primary Care

- Expected to reach 40 million patients in 2015
- Target communities where care is needed but scarce
- One stop shop for health care
- Improve access to care for millions of individuals regardless of their insurance status or ability to pay



Rural vs Urban

Rural

- Rural residents are more likely to be elderly, poor and have chronic medical conditions compared to residents of metropolitan areas.
- National average of people without adequate education is 18%, jumps to 25% in rural areas
- Must travel substantial distances for primary medical care



Rural vs Urban

Urban

- Lower socioeconomic status and minority populations
- High prevalence of individuals without health insurance or citizenship
- Lack of safe outdoor areas for exercise and recreation
- Priorities: Survival vs Health



Rural vs Urban

Similarities

- Lack of education
- Uninsured/Underinsured
- Fear

Prevention & Screening

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The Public Health Challenge

Many people are not getting screened

- 60 – 80 % of women with advanced cervical cancer have not had a pap smear in five years
- 50% of colon cancer deaths could be avoided with screening
- 75% of individuals who have insurance are not up to date on screenings



The Public Health Challenge

Some are less likely to get screened

- Those who are uninsured or underinsured
- Lack of a regular healthcare provider
- Transportation barriers to screening services
- Recent immigrants
- Religious beliefs



Excuses for Not Getting Screened

“I'm not having any symptoms so I don't need to worry.”

“If I have cancer there is nothing they can do about it, so why bother getting tested?”

“The tests are embarrassing and painful!”

“My doctor never told me to get screened.”



Screening Rates

Colorectal Cancer Screening Rates

National	32.6%
Missouri	18.1%
FQHC's in Missouri	23.0%



2015 Missouri: Estimated Cancer Deaths

Combined

Colorectal	1,050
Breast	900
Prostate	500
Lung	480
12,830 TOTAL deaths from cancer	

*Source: American Cancer Society, Cancer Facts and Figures 2015
Excludes basal and squamous cell skin cancer and in situ carcinoma except urinary bladder.*



Applying What We Know

- At least **half of all new cancers cases can be prevented or detected earlier by screening**
- 77% of all cancers are diagnosed in persons 55 years and older
- Approximately 13.7 million Americans with a history of cancer were alive in 2012

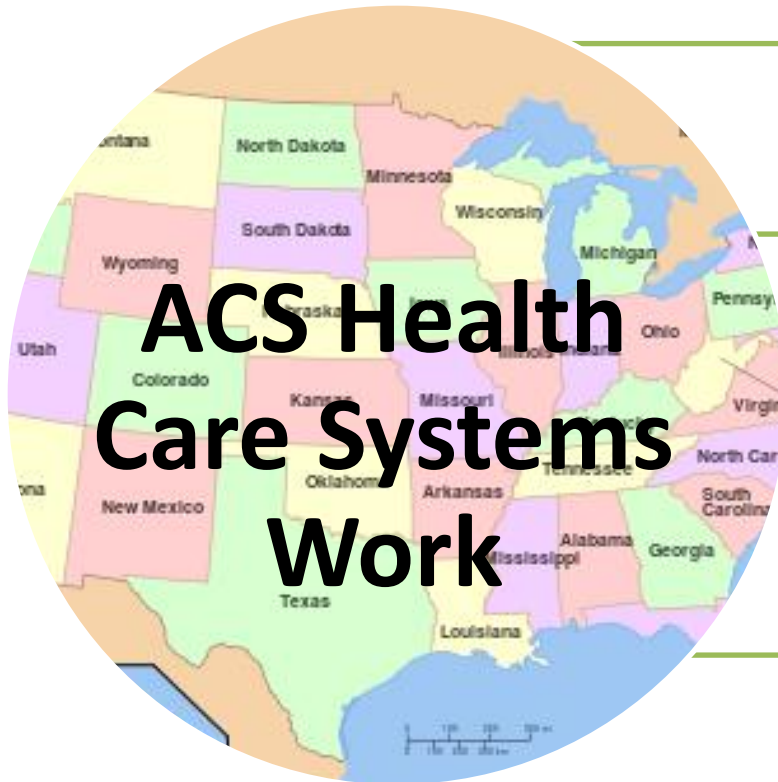
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ACS Primary Care Systems Work

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New Structure



Hospitals



State Health Systems



Patient Programs



Primary Care--CHCs

Partnership

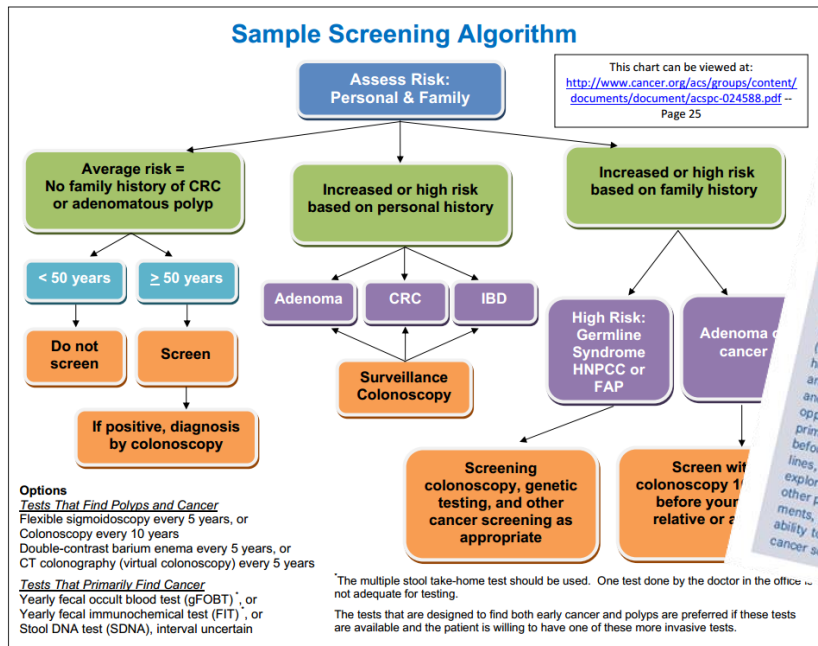
As a partner, the ACS will support the work health centers are already doing:

1. Enhance QI through evidenced-based interventions & tools
2. Improve UDS compliance
3. Promote chronic disease prevention
4. Enhance tobacco cessation and nutrition/physical activity efforts



Analyze Processes

ACS can analyze current policies and processes to identify opportunities for improvement.



Promoting Cancer Screening Within the Patient Centered Medical Home

Mona Sarfaty, MD, MPH¹; Richard Wender, MD²; Robert Smith, PhD³

Abstract

While consensus has grown that primary care is the essential access point in a high-performing health care system, the current model of primary care underperforms in both chronic disease management and prevention. The Patient Centered Medical Home model (PCMH) is at the center of efforts to reinvent primary care practice, and is regarded as the most promising approach to addressing the burden of chronic disease, improving health outcomes, and reducing health spending. However, the potential for the medical home to improve the delivery of cancer screening (and preventive services in general) has received limited attention in both conceptualization and practice. Medical home demonstrations to date have included few evidence-based preventive services in their outcome measures, and few have evaluated the effect of different payment models. Decreasing use of hospitals and emergency rooms and an emphasis on improving chronic care represent improvements in effective delivery of healthcare, but leave primary care settings with a substantial impact on cancer outcomes. Data confirm that what does or does not happen in the home before age 80, the PCMH model must prioritize adherence to cancer screening according to recommended guidelines, and systems, financial incentives, and reimbursements must be aligned to achieve that goal. This article explores capacities that are needed in the medical home model to facilitate the integration of cancer screening and other preventive services. These capacities include improved patient access and communication, health risk assessments, periodic preventive health exams, use of registries that store cancer risk information and screening history, ability to track and follow up on tests and referrals, feedback on performance, and payment models that reward cancer screening. *CA Cancer J Clin* 2011;61:397-408. © 2011 American Cancer Society.

Provide Resources



The Health Managers for Primary Care link the FQHC's to ACS resources:

- Help FQHC's access ACS services and programs
- Link FQHC's to current news from our cancer experts
- Supply client and provider educational materials

Primary Care Tools We Offer

- Branded screening reminder cards/letters
- Phone scripts
- Screening guidelines
- Patient education materials
- Tobacco cessation
- Workplace wellness products

American Cancer Society
Tests to Find Cancer Early
Ask your doctor or nurse about these tests.

Cancer Type	Who	When	What	How Often
Breast cancer	Women*	Starting at age 20	<ul style="list-style-type: none"> If you notice any change in your breasts such as a lump, tell your doctor or nurse right away. You may choose to do BSE (breast self-exam) to find breast changes. Have an exam of your breast by a doctor or nurse. 	Every year
		Starting at age 40 and older	<ul style="list-style-type: none"> Have a mammogram (x-ray) of your breasts and An exam of your breast by a doctor or nurse. 	Every 1 year
Cervical cancer	Women**	Starting about 3 years after you start having sex but no later than age 21	<ul style="list-style-type: none"> Have ONE of the following: <ul style="list-style-type: none"> The regular Pap test OR The newer liquid Pap test 	Every 1 year
		Starting at age 30	<ul style="list-style-type: none"> If you have had 3 normal Pap tests in a row, you may have: <ul style="list-style-type: none"> The regular or liquid Pap test OR Pap test with the new HPV test. If you have NOT had 3 normal Pap tests in a row, then continue with your Pap tests every 1 or 2 years. 	Every 2 to 3 years
Prostate cancer	African American men (all men with a close family member with prostate cancer before age 65)	Starting at age 45	<ul style="list-style-type: none"> Have a blood test to check your PSA (prostate-specific antigen) and a rectal exam to check your prostate gland. 	Every year
		Starting at age 50	<ul style="list-style-type: none"> Your doctor should offer you a blood test to check the PSA in your blood and a rectal exam to check your prostate gland. Your doctor should talk to you about how you might or might not benefit from prostate cancer testing so you can decide if you want to be tested or not. 	Every year
Colon cancer	Men and women*	Starting at age 50	<ul style="list-style-type: none"> Have ONE of these tests: <ul style="list-style-type: none"> Test to check for blood in your stool OR Test to look into the lower part of the colon (flexible sigmoidoscopy) OR Test to check for blood in your stool each year and a flexible sigmoidoscopy OR A test to look into the entire colon (colonoscopy) Your doctor or nurse will help you decide which of these tests are best for you. 	Every 1 year
Other cancers	Women	Starting at age 20	<ul style="list-style-type: none"> Your doctor or nurse should check your thyroid gland, mouth, skin, lymph nodes, and ovaries. 	Whenever you have your regular check-up
Other cancers	Men	Starting at age 20	<ul style="list-style-type: none"> Your doctor or nurse should check your thyroid gland, mouth, skin, lymph nodes, and testicles. 	Whenever you have your regular check-up

*You may need to begin testing for colon cancer or breast cancer earlier to be tested more often if you are more likely than other people to have these cancers. Talk to your doctor about this.

**If you have had a hysterectomy (your uterus and cervix have been removed), you may choose to stop having the Pap test, unless the surgery was for cancer. If you are 35 or older and have had an abnormal Pap test, your doctor or nurse in your family has had this type of cancer, then you may need to be tested each year for cancer of the endometrium (lining of the uterus). This testing is done with a biopsy.

Be sure to tell your doctor or nurse if you have had any type of cancer or if your mother, father, brother, sister, or children have had cancer.

Don't use tobacco. If you do, ask your doctor or nurse about quitting.

Get at least 30 minutes of physical activity on 5 or more days of the week.

Eat a healthy diet with plenty of fruits and vegetables.

Maintain a healthy weight.

Drink less alcohol if you drink at all.

Protect yourself from the sun with an SPF sun protection factor of 15 or higher.

1-800-ACT-2426
www.cancer.org
 Hope Progress. Always™

American Cancer Society

Advocates

As advocates, ACS can :

1. Share national best practices and elevate challenges to national leadership
2. Invite health centers to join us in ACS CAN efforts
3. Seek grant opportunities from our national office or within our Division



Improve Cancer Outcomes

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Support Implementation of Interventions

- Evidence-based interventions help put American Cancer Society mission priorities into action and help FQHC's meet their needs.
- Using an evidence-based program shortens the time it takes to develop a new program, reduces the amount of research needed and helps focus the evaluation process.

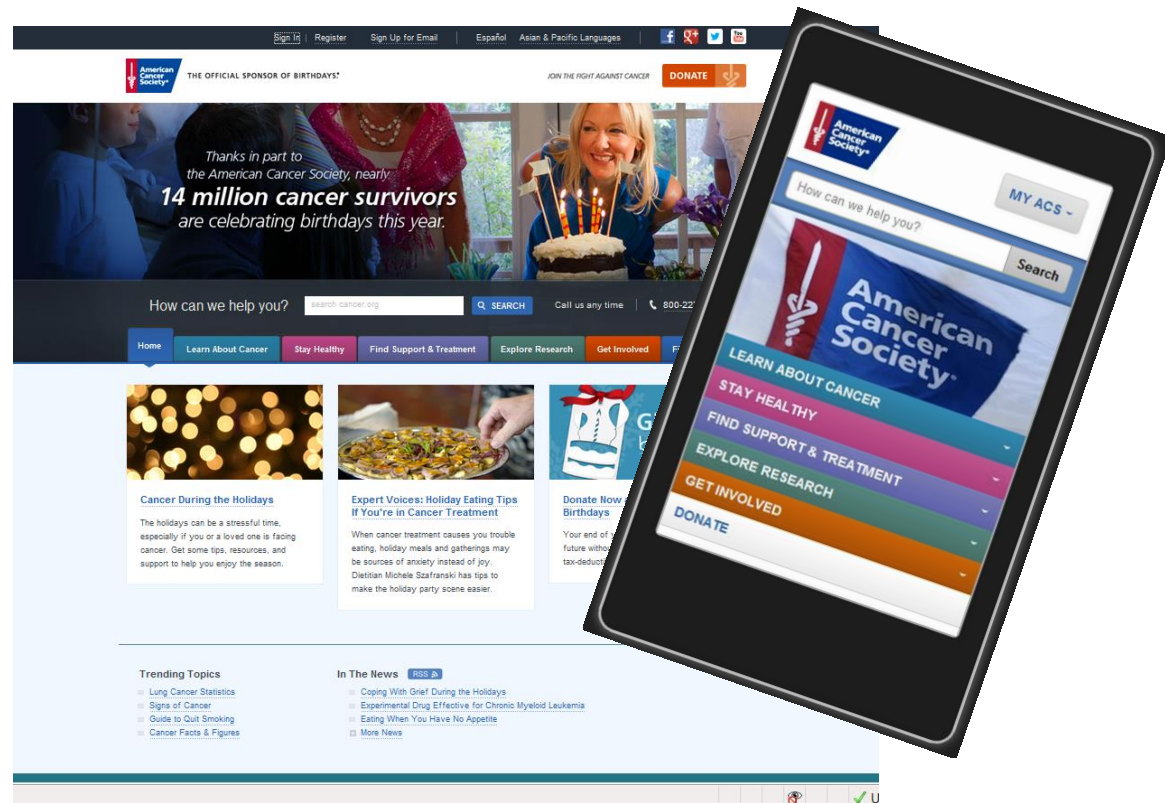


Criteria for Interventions

- Addresses at least one risk factor
- Is population-based versus individual-based
- Emphasizes prevention
- Addresses policy, system and environmental change
- Is evidence-based
- Has evaluation methodologies

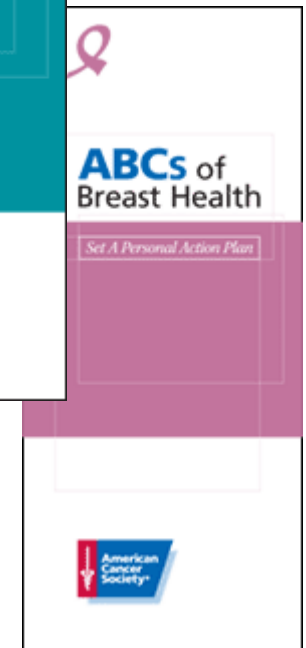
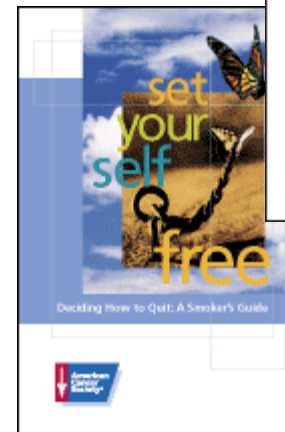
For Healthcare Professional

American Cancer Society Website: www.cancer.org/professionals



Educational Materials— For Patients

- Brochures and pamphlets
- Cancer Resource Network
- Patient Programs & Services
- Clinical Trials Matching Service
- Cancer Survivor Network



Success Stories

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What is working

Education/Patient Navigation

- Breaking down barriers
- Empowering patients
- Saving more lives



Impact to Date

- Corporate funders have contributed approximately \$24.4 million since 2011 to advance our fight against cancer screening disparities in CHC's.
- Currently implementing approximately 300 corporate-funded grant projects to increase cancer screening rates within high risk populations.
- To date, 889,305 underserved constituents have been reached through outreach, education, screening navigation and reminders.
- 357,575 cancer screenings have been provided.



Funding Cliff

What does is mean?

- 70% funding reduction for all Health Centers
- Health Centers will be forced to close
- Millions will be left without a medical home



We **save lives** and create more birthdays
by helping you stay well, helping you get well,
by finding cures, and by fighting back.

cancer.org | 1.800.227.2345